

# KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

## GENERAL PERMIT APPLICATION

### FOR MUNICIPAL STORMWATER DISCHARGES

NOTICE OF INTENT TO BE COVERED BY  
MS4 GENERAL PERMIT

#### MUNICIPAL SEPARATE STORM SEWER SYSTEMS (MS4s)

#### STORM WATER DISCHARGES

For Agency Use Only

Tracking Number \_\_\_\_\_

Date Received

**Please print or type.** All items should be completed as accurately as possible and in their entirety. Please refer to the instructions for information about the required items. An original signature of the applicant is required.

**Note:** Municipality is defined as state, city, town, county, district, association, or other public body (created by or pursuant to State law), including special districts under State law such as a storm sewer district, flood control or drainage district, or similar entity, or a designated and approved management agency under section 208 of the Clean Water Act.

#### 1. Name and address of the permit applicant and local contact:

Applicant's Municipality Name

\_\_\_\_\_

Mailing Address

\_\_\_\_\_

City, State, and Zip Code

\_\_\_\_\_

Type of Municipality:

State \_\_\_\_ County \_\_\_\_ City/Town \_\_\_\_ Township \_\_\_\_

Other \_\_\_\_ (type) \_\_\_\_\_

Local Contact Name

\_\_\_\_\_

Phone Number

\_\_\_\_\_

Title

\_\_\_\_\_

Email address

\_\_\_\_\_

#### 2. Applicant hereby makes application for a permit to discharge stormwater into:

(See river basin map)

BASIN

SUBBASIN(s)

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

4. \_\_\_\_\_

\_\_\_\_\_

**3. Location Map/Boundaries:**

Location map must be attached showing the present boundaries of the municipality.

**4. Is the Municipality located wholly or partially within an urbanized area?**

No \_\_\_\_ Yes \_\_\_\_ Unsure \_\_\_\_

**5. Will another MS4 provide contract services to perform some portion or all of the BMPs for the six minimum requirements or TMDL supplemental conditions?**

No \_\_\_\_ Yes \_\_\_\_ If Yes, complete and include attached Appendix A with this application.

**6. Outline of Measurable Goals and BMPs** For each of the stormwater program areas (Public Education and Outreach; Public Participation and Involvement; Illicit Discharge Detection and Elimination; Construction Site Stormwater Runoff Control; Post-Construction Stormwater Management; Pollution Prevention, Good Housekeeping for Municipal Operation; and any applicable TMDL supplemental conditions) an outline and brief description must be included by attachment with this application. The attachment must address the following:

- a. Identify the BMPs that will be implemented and the geographic area within which they will be implemented.
- b. List the proposed measurable goals for each of the BMPs.

**7. Signature of Applicant (legally responsible person)**

"I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine or imprisonment."

---

Signature of Applicant

---

Date Signed

---

Name (printed)

---

Title

---

Email address (legally responsible person)

**40 CFR 122.22 Signatories to permit applications and reports.**

(a) Application. All permit applications shall be signed by either a principal executive officer or ranking elected official. All reports required by permits, and other information requested by the Director shall be signed by a person described in paragraph (a) of this section, or by a duly authorized representative of that person.

## APPENDIX A – CONTRACT SERVICES

**List all Contract Service Providers (use additional pages if needed):**

PROGRAM AREA		CONTRACT PROVIDER
<b>Six Minimum Requirements</b>		
1.	Public Education and Outreach –	_____
2.	Public Participation and	_____
3.	Illicit Discharge Detection and	_____
4.	Construction Site Stormwater	_____
5.	Post-Construction Stormwater	_____
6.	Pollution Prevention & Good	_____

PROGRAM AREA		CONTRACT PROVIDER
Stream TMDL Supplemental Conditions		
1.	Biological Impairment –	_____
2.	Boron –	_____
3.	Chlordane –	_____
4.	Chloride –	_____
5.	Dissolved Oxygen –	_____
6.	Fecal Coliform–	_____
7.	Fluoride –	_____
8.	Metals (Cd, Cu, Pb or Zn) –	_____
9.	Nutrients/BOD –	_____
10.	pH –	_____
11.	Sediment/Biological Impact –	_____
12.	Sediment/TSS –	_____
13.	Selenium –	_____
14.	Sulfate –	_____

PROGRAM AREA		CONTRACT PROVIDER
Lake TMDL Supplemental Conditions		
1.	Alachlor –	_____
2.	Aquatic Plants –	_____
3.	Atrazine –	_____
4.	Chlordane –	_____
5.	Chloride –	_____
6.	Dissolved Oxygen –	_____
7.	Eutrophication –	_____
8.	Fecal Coliform –	_____
9.	pH –	_____
10.	Selenium –	_____
11.	Siltation –	_____
12.	Sulfate –	_____